



Please join us in congratulating our own **Susie Zanto**, who was recently installed as the national President of the American Society for Clinical Laboratory Science (ASCLS).

ASCLS is an organization whose members strive to stress the importance of quality, safe, professional laboratory services. Members are kept knowledgeable of an ever-changing, ever-important field, and are vital in keeping that importance in the forefront of government officials and policy makers. Those who know Susie know how important this mission is to her, and that there is no one more suited for this job!

2014 Cap LPX-A Survey Results Are Finalized

We have received and evaluated the most recent laboratory preparedness exercise results from CAP and will soon email an after action report (AAR) to all participating laboratories. All participating laboratories responded appropriately whether to rule out the organisms as non-BT agents or to refer to MTPHL for confirmatory testing. The AAR is intended to provide individual feedback on each laboratory's ability to perform biological threat rule-out testing and exercise proper MTPHL notification procedures. The AAR also provides feedback on the laboratory's packing and shipping procedures of the suspect isolates that are sent to MTPHL. Anyone not currently participating in the LPX exercises who would like more information, please contact Lana Moyer, lmoyer@mt.gov or Crystal Poppler, cpoppler@mt.gov or call 800-821-7284.

Continuing Education Opportunity

Understanding and complying with proper packaging and shipping procedures can be a daunting task. Professional judgment is an important part of classification, which dictates how a sample should be shipped. Two important reminders regarding Category A infectious substances: if you suspect a sample to be something that falls into that category, you must ship it accordingly. Also, training and certification is required for anyone who intends to ship a Category A Infectious Substance. The shipper/facility is responsible for following all federal regulations regarding the entire process, from training to documentation.

[Packing and Shipping Division 6.2 Materials, 2014](#) is an online, CDC training course intended for laboratorians who want to update their certification in packaging and shipping of infectious substances. The course is comprised of four modules: Hazardous Materials Regulation Overview, Classification, Packaging and Documentation. Two P.A.C.E contact hours are awarded upon completion of the course.

Stay Tuned for More Info!!

This year's workshop, "Bioterrorism Preparedness for the Sentinel Laboratory", will be held at the Montana Public Health Laboratory in October.

We feel this venue will give participants the opportunity to meet the MTPHL laboratorians and see the work environment of the Public Health Laboratory first hand. Also, portions of the workshop will take place in our BSL3 laboratory, giving participants an opportunity to perform tasks under BSL3 conditions.

At the end of the workshop, participants will be able to:

- Discuss the role of the clinical laboratorian in the presumptive identification of suspect agents of bioterrorism.
- Explain the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates.
- Describe the clinical presentation and biochemical characteristics of *Bacillus anthracis*, *Brucella* spp., *Burkholderia* spp., *Francisella tularensis*, and *Yersinia pestis*.
- Outline the process for referring suspect organisms to the Montana Public Health Laboratory.

Please make plans to attend!

Montana Communicable Disease Weekly Update

Release date: 8/8/2014



DISEASE INFORMATION

Summary – MMWR Week 31 - Ending 8/2/2014 Preliminary disease reports received at DPHHS for the reporting period July 27 – August 2, 2014 included the following:

- **Vaccine Preventable Diseases:** Pertussis (3)
- **Invasive Diseases:** (0)
- **Enteric Diseases:** Campylobacteriosis (3), Cryptosporidiosis (5), Salmonellosis (5)
- **STD/HIV:** Chlamydia (29), Gonorrhea (2), Syphilis (0), HIV* (1)
- **Hepatitis:** Hepatitis C, chronic (21)
- **Vector-borne Diseases:** Spotted Fever Rickettsiosis (1)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

2013 Annual Report Now Online: Please find attached the 2013 CDEpi Annual Report. The report will also be posted at <http://www.dphhs.mt.gov/publichealth/cdepi/surveillance/index.shtml>

Syphilis Testing and Treatment Information: Providers need to be aware that syphilis cases have been reported from Flathead (3), Roosevelt (1) and Yellowstone (1) counties during the last six months. Be aware that some laboratories have adopted a “reverse sequence screening” method of testing. This is intended to reduce the time and labor required for syphilis screening but can make interpretation more difficult (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a1.htm> for details). If your county has a positive screening test for syphilis, be sure to call the STD Program for consultation and we will walk you through confirmatory testing, treatment and management of partners.

As a reminder, the 2010 STD Treatment guidelines <http://www.cdc.gov/std/treatment/2010/> adopted by the state in our rules, recommended bicillin 2.4 mil units IM in a single dose for treatment of primary and secondary syphilis. Unless a case is allergic, DPHHS strongly recommends complying with this recommendation to lessen the chances of treatment failure and non-compliance. Lastly, a positive syphilis test must have a serum specimen submitted to the MT PHL for confirmatory testing as required by the [Administrative Rules of Montana \(ARM\) 37.114.313](#) to help ensure accurate testing and reporting. For more information contact Cara Murolo at 444-2678.

Ebola Virus Disease NEWS: Continued international interest is oriented toward Ebola Virus Disease (EVD). The World Health Organization (WHO) has declared an international public health emergency <http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>. Centers for Disease Control and Prevention (CDC) Director Thomas Frieden MD addressed the issue with Congress today: ***Spread of Ebola to US is “inevitable.”*** [AFP](#) (8/8, Sheridan) reports that according to CDC Director Dr. Tom Frieden, the spread of Ebola to the US “is ‘inevitable’ due to the nature of global airline travel, but any outbreak is not likely to be large.” Frieden told the hearing of the House Subcommittee on Africa, Global Health, Global Human Rights and International Organizations that more cases of the virus “moving across borders via air travel are expected, as West Africa faces the largest outbreak of the hemorrhagic virus in history.” Frieden said, “It is certainly possible that we could have ill people in the US who

develop Ebola after having been exposed elsewhere. ... We are all connected and inevitably there will be travelers, American citizens and others who go from these three countries – or from Lagos if it doesn't get it under control – and are here with symptoms. ... But we are confident that there will not be a large Ebola outbreak in the US.”

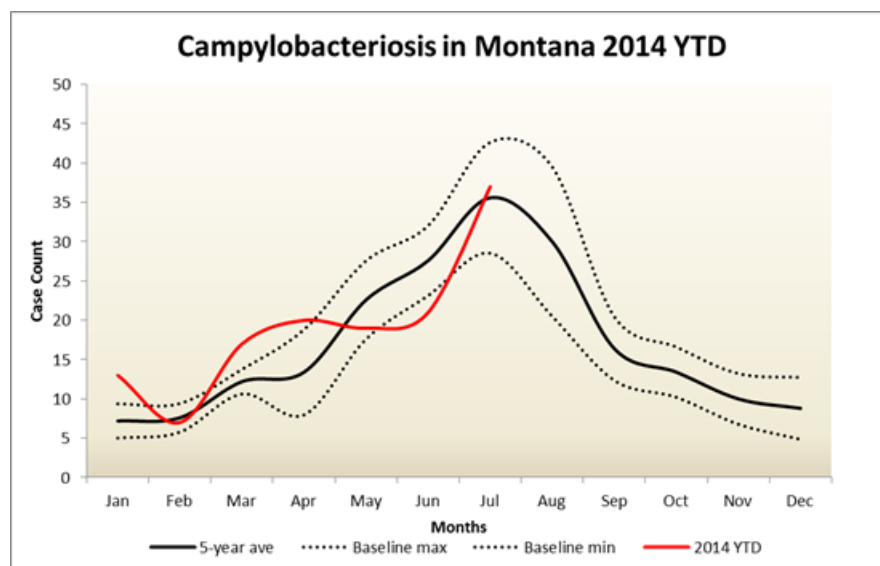
More locally, in the Ravalli Republic: http://ravallirepublic.com/news/local/article_4c9e0c40-1a91-11e4-9d0b-001a4bcf887a.html

August 02, 2014 4:06 pm • [By ROB CHANEY - Ravalli Republic](#) **Hamilton scientists working on ebola vaccine** “As the death toll from an ebola virus outbreak in West Africa exceeds 700 people, help may come from Hamilton. “We at the moment have no direct involvement with the outbreak,” said Dr. Heinz Feldmann of the Rocky Mountain Laboratories in Hamilton. “But we have been working on ebola for many years. My group largely works on animal models for understanding of the disease development and counter-measures, as well as antiviral drugs and vaccines.” Feldman’s work as chief of the virology laboratory in the National Institute of Allergy and Infectious Diseases’ Hamilton facility has developed an Ebola vaccine that’s shown promise in animal trials.”

More information and guidance will be provided as it becomes available. CDC released a new case definition for EVD yesterday and that can be located at: <http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>

Campylobacteriosis: Even though it seems that there have been a lot of campylobacteriosis (campy) cases lately, we are not seeing any unusually high numbers of illnesses. Reports of campy usually increase in March and peak in July. The majority of cases are reported in the six largest counties, but Gallatin County reporting twice as many cases (27) then the other top reporting counties (8-16 cases per county).

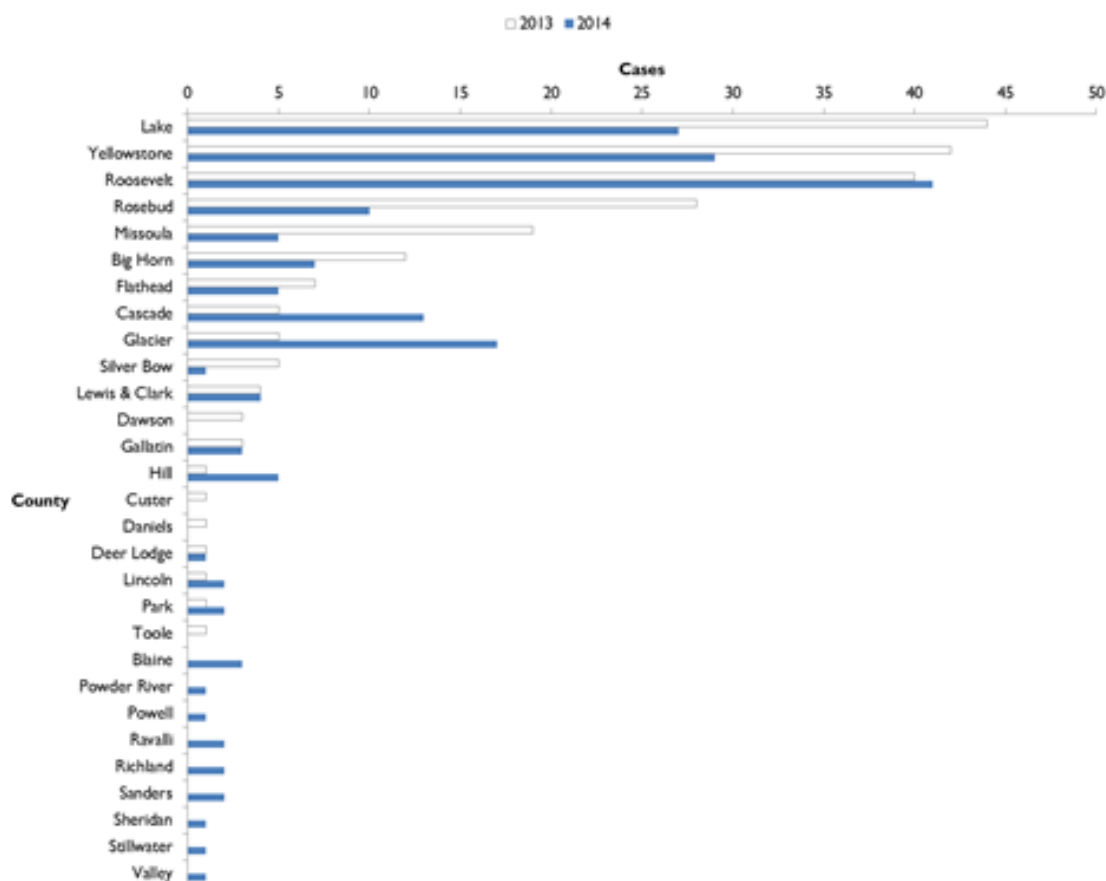
As you can see from our threshold graphs, reports are not outside of the range we would expect to see. However, within the last two months, two clusters of 6 cases were linked by PFGE testing. The first one did not indicate any epidemiological linkage and the second one is currently being investigated. Cases associated with the cluster are coming from the southeast region of the state, but few are from other areas within and outside of Montana.



Montana Gonorrhea Update: From MMWR week 1–31, **186** gonorrhea cases have been reported in 2014, compared to 105 during same period in 2013. In 2014, while 25 counties have reported cases, nearly 80% of the cases are from 7

counties (Figure). County cases include cases reported on American Indian reservations that lie within the county's borders.

Figure. Gonorrhea cases by county — Montana, Jan 1, 2013–Aug 2, 2014*



* County case counts may include cases belonging to tribal health jurisdictions that lie within the county's borders

CDC Releases Infection Prevention and Control Recommendations for Ebola Hemorrhagic Fever in U.S. Hospitals: CDC has released [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals](http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html). Standard, contact, and droplet precautions are recommended for any patients with known or suspected Ebola hemorrhagic fever. Though these recommendations focus on the hospital setting, the recommendations for personal protective equipment (PPE) and environmental infection control measures are applicable to any healthcare setting. This guidance is not intended to apply to persons outside of healthcare settings. As additional information becomes available, these recommendations will be re-evaluated and updated as needed. View the entire guidance on CDC's website: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Swimming safe and stay healthy this summer! As a final wrap up for this year's recreational water illness and injury prevention campaign published another press release. That can be found at <http://www.dphhs.mt.gov/newsevents/newsreleases2014/august/poster.shtml>. The highlight of this campaign was the poster contest that made public health prevention fun for children. Our intention with this campaign was to send a timely reminder to our community with materials crafted by Montana children to remind everyone how to stay healthy while swimming.

West Nile Virus (WNV): MT PHL has confirmed the first two WNV positive mosquito pools in Cascade County and Wibaux County. Attached is the most recent WNV Mosquito Trapping/Testing Summary.

- All Montanans should take necessary WNV precautions regardless of whether a positive mosquito pool is identified in their county or not.
- Cascade County press release can be found at <http://www.krtv.com/news/west-nile-virus-detected-in-cascade-county-63912/>.
- Wibaux County released a HAN Health Update on Thursday, July 31.
- Feel free to contact Will Patterson at Cascade County Public Works (wpatterson@cascadecountymt.gov) for any mosquito related information and/or information on the Montana Mosquito and Vector Control Association.

INFORMATION/ANNOUNCEMENTS

SharePoint issue: It has come to our attention that SharePoint security has been increased. If your SharePoint account is inactive for >60 days, your account will be deleted. To prevent this, **please log in at least once per month to keep your account active.**

OTHER RESOURCES

Ebola Virus Disease: <http://www.cdc.gov/vhf/ebola/>

Pertussis: <http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml>

Hantavirus: <http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml>

Ticks: <http://www.dphhs.mt.gov/publichealth/ticks/index.shtml>

Mold: <http://www.dphhs.mt.gov/publichealth/cdepi/mold.shtml>

Water safety: <http://www.dphhs.mt.gov/publichealth/rwii/>

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>